

1 UNITED STATES DISTRICT COURT
2 FOR THE NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

4 IN RE: NATIONAL) MDL No. 2804
5 PRESCRIPTION OPIATE)
6 LITIGATION,) Case No.
7) 1:17-MD-2804
8)
9 THIS DOCUMENT RELATES TO) Hon. Dan A.
10 ALL CASES) Polster
11)
12)
13)
14)

15 Thursday, December 13, 2018
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23 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER
24 CONFIDENTIALITY REVIEW
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36 Videotaped Deposition of JOLYNN
37 COLEMAN, held at 4206 South J.B. Hunt Drive,
38 Rogers, Arkansas, commencing at 8:15 a.m., on
39 the above date, before Debra A. Dibble,
40 Certified Court Reporter, Registered
41 Diplomate Reporter, Certified Realtime
42 Captioner, Certified Realtime Reporter and
43 Notary Public.
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56 GOLKOW LITIGATION SERVICES
57 877.370.DEPS | fax 917.591.5672
58 deps@golkow.com
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Page 2	Page 4
<p>1 A P P E A R A N C E S:</p> <p>2 CARELLA, BYRNE, CECCHI, OLSTEIN, BRODY</p> <p>3 & AGNELLO</p> <p>4 BY: DONALD ECKLUND, ESQUIRE</p> <p>5 decklund@carellabyrne.com</p> <p>6 MICHAEL A. INNES, ESQUIRE</p> <p>7 minnes@carellabyrne.com</p> <p>8 5 Becker Farm Road</p> <p>9 Roseland, New Jersey 07068-1739</p> <p>10 (973) 994-1700</p> <p>11 Counsel for Plaintiffs</p> <p>12 JONES DAY</p> <p>13 BY: EDWARD M. CARTER, ESQUIRE</p> <p>14 emcarter@jonesday.com</p> <p>15 CHRISTINE D. PROROK, ESQUIRE</p> <p>16 cbprorok@jonesday.com</p> <p>17 77 West Wacker Drive, Suite 3500</p> <p>18 Chicago, Illinois 60601-1692</p> <p>19 312-782-1692</p> <p>20 Counsel for Walmart</p> <p>21 MORGAN, LEWIS & BOCKIUS, LLP</p> <p>22 (appearing telephonically)</p> <p>23 BY: MATTHEW R. LADD, ESQUIRE</p> <p>24 matthew.ladd@morganlewis.com</p> <p>25 101 Park Avenue</p> <p>New York, New York 10178-0060</p> <p>(212) 309-6141</p> <p>Counsel for Teva Pharmaceuticals USA, Inc.; Cephalon, Inc.; Watson Laboratories, Inc.; Actavis, LLC; Actavis Pharma, Inc.; f/k/a Watson Pharma, Inc.</p> <p>MARCUS & SHAPIRA, LLP</p> <p>(appearing telephonically)</p> <p>BY: DARLENE M. NOWAK, ESQUIRE</p> <p>nowak@marcus-shapira.com</p> <p>301 Grant Street</p> <p>One Oxford Centre, 35th Floor</p> <p>Pittsburgh, Pennsylvania 15219-6401</p> <p>(412) 338-4690</p> <p>Counsel for HBC</p>	<p>1 I N D E X</p> <p>2 JOLYNN COLEMAN PAGE</p> <p>3 DIRECT EXAMINATION BY MR. ECKLUND 9</p> <p>4 CROSS EXAMINATION BY MR. CARTER 366</p> <p>5 REDIRECT EXAMINATION BY MR. ECKLUND 372</p> <p>6 E X H I B I T S</p> <p>7 No. Description Page</p> <p>8 Walmart NACDS Appointment 25</p> <p>9 Coleman Schedule.</p> <p>10 Exhibit 1 ENDO OPIOID MDL-04920265 through 04920270.</p> <p>11 Walmart July 2017 email chain. 30</p> <p>12 Coleman Subj: RE: Relay</p> <p>13 Exhibit 2 Health/Walmart Top to Top. MCKMDL00650092-650094.</p> <p>14 Walmart 8-31-07 letter from 151</p> <p>15 Coleman Mallinckrodt to Jo Lynn</p> <p>16 Exhibit 3 Coleman, R. Ph. MNK-T1-0004758254-4758260.</p> <p>17 Walmart 11-3-06 letter from 168</p> <p>18 Coleman Mallinckrodt to David</p> <p>19 Exhibit 4 Badeen, R. Ph. MNK-T1-0000367627-367629.</p> <p>20 Walmart 5-2-07 letter from 178</p> <p>21 Coleman Mallinckrodt to Jo Lynn</p> <p>22 Exhibit 5 Coleman, R. Ph. MNK-T1-0000367674-367675.</p> <p>23 Walmart 9-17-10 letter from 187</p> <p>24 Coleman Mallinckrodt to Jo Lynn</p> <p>25 Exhibit 6 Coleman, R. Ph. MNK-T1-0000367655-376657.</p> <p>Walmart 11-14-07 letter from 196</p> <p>Coleman Mallinckrodt to Jo Lynn</p> <p>Exhibit 7 Coleman, R. Ph. MNK-T1-000036766-376666.</p>
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<p>1 WRIGHT, LINDSEY & JENNINGS, LLP</p> <p>2 BY: CALEY B. VO, ESQUIRE</p> <p>3 cvo@wlj.com</p> <p>4 3333 Pinnacle Hills Parkway</p> <p>5 Suite 510</p> <p>6 Rogers, Arkansas 72758-8498</p> <p>7 (479) 986-0888</p> <p>8 Counsel for McKesson</p> <p>9 ARNOLD & PORTER KAYE SCHOLER, LLP</p> <p>10 (appearing telephonically)</p> <p>11 BY: RYAN Z. WATTS, ESQUIRE</p> <p>12 ryan.watts@arnoldporter.com</p> <p>13 601 Massachusetts Avenue, NW</p> <p>14 Washington, DC 20001-3743</p> <p>15 (202) 942-5000</p> <p>16 (202) 942-5999 (Fax)</p> <p>17 Counsel for Endo Health Solutions Inc.;</p> <p>18 Endo Pharmaceuticals Inc.; Par</p> <p>19 Pharmaceuticals, Inc.; Par</p> <p>20 Pharmaceutical Companies, Inc. formerly</p> <p>21 known as Par Pharmaceutical Holdings,</p> <p>22 Inc.</p> <p>23 BARBER LAW FIRM, LLP</p> <p>24 (appearing telephonically)</p> <p>25 BY: J. CARTER FAIRLEY, ESQUIRE</p> <p>cfairley@barberlawfirm.com</p> <p>425 West Capitol Avenue</p> <p>Suite 3400</p> <p>Little Rock, Arkansas 72201</p> <p>(501) 707-6175</p> <p>Counsel for Cardinal Health, Inc.</p> <p>ALSO PRESENT:</p> <p>Paul D. Morris</p> <p>Senior Associate Counsel</p> <p>Commercial & Class Action</p> <p>THE VIDEOGRAPHER:</p> <p>James Arndt</p> <p>GOLKOW LITIGATION SERVICES</p>	<p>1 Walmart 12-4-07 letter from 204</p> <p>2 Coleman Mallinckrodt to Jo Lynn</p> <p>3 Exhibit 8 Coleman, R. Ph. MNK-T1-0000367648-367651.</p> <p>4 Walmart 12-14-07 letter from 213</p> <p>5 Coleman Mallinckrodt to Jo Lynn</p> <p>6 Exhibit 9 Coleman, R. Ph. MNK-T1-0000367691-367692.</p> <p>7 Walmart Humana Walmart PowerPoint 232</p> <p>8 Coleman deck.</p> <p>9 Walmart 3-31-10 Endo letters 265</p> <p>10 Coleman ENDO-OPIOID MDL-04183970</p> <p>11 Exhibit 11 through 4183972.</p> <p>12 Walmart 1-27-10 email with 269</p> <p>13 Coleman attached 1-29-10 ENDO</p> <p>14 Exhibit 12 letters.</p> <p>15 ENDO-OPIOID MDL-02380063</p> <p>16 through 2380065.</p> <p>17 Walmart 1-7-11 email with attached 272</p> <p>18 Coleman 1-7-11 ENDO letters.</p> <p>19 Exhibit 13 ENDO-OPIOID MDL-02384297</p> <p>20 through 2384299.</p> <p>21 Walmart 1-3-12 email with attached 272</p> <p>22 Coleman 1-3-12 ENDO letters.</p> <p>23 Exhibit 14 ENDO-OPIOID MDL-02389777</p> <p>24 through 2389779.</p> <p>25 Walmart 12-28-06 email with 287</p> <p>Coleman 12-27-06 Ethex letter</p> <p>Exhibit 15 attachment.</p> <p>WMT MDL 000038419-38420.</p> <p>Walmart 3-2-10 FBI article titled 288</p> <p>21 Coleman Ethex Corporation, a</p> <p>22 Exhibit 16 Subsidiary of KV</p> <p>Pharmaceutical, Pleads</p> <p>Guilty to two Felonies and</p> <p>Agrees to Pay United</p> <p>States \$27,568,921 for</p> <p>Fine, Restitution, and</p> <p>Forfeiture.</p>

<p style="text-align: right;">Page 6</p> <p>1 Walmart Removing Costs from the 296</p> <p>2 Coleman Health Care Supply Chain:</p> <p>3 Exhibit 17 Lessons from Mass Retail.</p> <p>4</p> <p>5</p> <p>6 REPORTER'S CERTIFICATE 376</p> <p>7 ERRATA 378</p> <p>8 WITNESS SIGNATURE PAGE 379</p> <p>9 ATTORNEY NOTES 380</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 8</p> <p>1 witness. Also with me are</p> <p>2 Christine Prorok from Jones Day, and</p> <p>3 Paul Morris from Walmart.</p> <p>4 MR. FAIRLEY: Carter Fairley</p> <p>5 for Cardinal Health.</p> <p>6 MR. VO: Caley Vo on behalf of</p> <p>7 McKesson.</p> <p>8 THE VIDEOGRAPHER: Will counsel</p> <p>9 on the phone please identify</p> <p>10 themselves?</p> <p>11 MS. NOWAK: Darlene Nowak from</p> <p>12 Marcus & Shapira for HBC Services.</p> <p>13 MR. LADD: Matthew Ladd of</p> <p>14 Morgan Lewis & Bockius on behalf of</p> <p>15 defendant Rite Aid.</p> <p>16 MR. WATTS: Ryan Watts from</p> <p>17 Arnold & Porter Kaye Scholer, LLP on</p> <p>18 behalf of Endo Health Solutions Inc.,</p> <p>19 Endo Pharmaceuticals Inc., Par</p> <p>20 Pharmaceutical, Inc., and Par</p> <p>21 Pharmaceutical Companies, Inc.</p> <p>22 VIDEOGRAPHER: The court</p> <p>23 reporter is Debbie Dibble. She will</p> <p>24 now swear in the witness.</p> <p>25 JOLYNN COLEMAN,</p>
<p style="text-align: right;">Page 7</p> <p>1 PROCEEDINGS</p> <p>2 (December 13, 2018 at 8:17 a.m.)</p> <p>3 THE VIDEOGRAPHER: We are now</p> <p>4 on the record. My name is</p> <p>5 James Arndt. I'm the videographer</p> <p>6 from Golkow Litigation Services.</p> <p>7 Today's date is December 13, 2018, and</p> <p>8 the time is 8:18 a.m. This video</p> <p>9 deposition is being held in Rodgers,</p> <p>10 Arkansas in the matter of the National</p> <p>11 Prescription Opiate Litigation for the</p> <p>12 United States District Court for the</p> <p>13 Northern District of Ohio, Eastern</p> <p>14 Division. The deponent is</p> <p>15 JoLynn Coleman. Will counsel please</p> <p>16 identify themselves.</p> <p>17 MR. ECKLUND: Good morning.</p> <p>18 Don Ecklund from the law firm Carella</p> <p>19 Byrne on behalf of plaintiffs in the</p> <p>20 MDL.</p> <p>21 MR. INNES: Good morning.</p> <p>22 Michael Innes on behalf of plaintiffs</p> <p>23 in the MDL.</p> <p>24 MR. CARTER: Edward Carter,</p> <p>25 Jones Day on behalf of Walmart and the</p>	<p style="text-align: right;">Page 9</p> <p>1 having first been duly sworn, was examined</p> <p>2 and testified as follows:</p> <p>3</p> <p>4 DIRECT EXAMINATION</p> <p>5 BY MR. ECKLUND:</p> <p>6 Q. Good morning, Ms. Coleman. As</p> <p>7 I introduced myself this morning, my name is</p> <p>8 Don Ecklund, and I represent the plaintiffs</p> <p>9 in this multidistrict litigation which is</p> <p>10 currently pending in the Northern District of</p> <p>11 Ohio. Moments ago you took an oath. It is</p> <p>12 the same oath you would take in court.</p> <p>13 Do you understand that</p> <p>14 everything you say here today needs to be the</p> <p>15 truth and you need to testify as completely</p> <p>16 and fully as you can?</p> <p>17 Do you understand that?</p> <p>18 A. Yes.</p> <p>19 Q. Have you ever been deposed</p> <p>20 before?</p> <p>21 A. Yes.</p> <p>22 Q. How many times?</p> <p>23 A. Twice.</p> <p>24 Q. Were those in your professional</p> <p>25 capacity or were those personal matters?</p>

<p style="text-align: right;">Page 10</p> <p>1 A. Professional.</p> <p>2 Q. Can you describe those two</p> <p>3 matters?</p> <p>4 A. One was a litigation around a</p> <p>5 hire, practice of hiring an associate, and</p> <p>6 others was specific to an immunization</p> <p>7 program that I oversee, support.</p> <p>8 Q. Did you testify at trial for</p> <p>9 the HR matter?</p> <p>10 A. No.</p> <p>11 Q. Did you testify at trial for</p> <p>12 the immunization matter?</p> <p>13 A. No.</p> <p>14 Q. Is the immunization matter</p> <p>15 still pending?</p> <p>16 A. Yes.</p> <p>17 Q. Federal court or state court?</p> <p>18 A. I'm uncertain.</p> <p>19 Q. So you've generally been</p> <p>20 deposed twice and you've gotten some sense of</p> <p>21 how the process works. Today I'll be asking</p> <p>22 you a series of questions. You'll be</p> <p>23 answering those questions. And we'll try to</p> <p>24 keep it a fairly swift conversation.</p> <p>25 Everyone is trying to catch flights today.</p>	<p style="text-align: right;">Page 12</p> <p>1 objection unless you don't understand my</p> <p>2 question.</p> <p>3 Do you understand that?</p> <p>4 A. Yes.</p> <p>5 Q. Okay. If you don't hear me,</p> <p>6 let me know. If you don't understand a</p> <p>7 question, let me know that. I'll try to</p> <p>8 change the question; maybe I'll try to</p> <p>9 explain myself. Okay?</p> <p>10 A. Okay.</p> <p>11 Q. If you answer, I'm going to</p> <p>12 assume you understood the question. Is that</p> <p>13 fair?</p> <p>14 A. Yes.</p> <p>15 Q. If at any time you need to take</p> <p>16 a break during the deposition, please let me</p> <p>17 know. Now, we may finish the line of</p> <p>18 questioning, but I'll try to accommodate you</p> <p>19 as best as I can.</p> <p>20 If you need to stretch your</p> <p>21 legs, you need to stand up, feel free. We</p> <p>22 don't need to take a break for that. Okay?</p> <p>23 If you need a glass of water, please ask</p> <p>24 someone. There are several people in the</p> <p>25 room who would be happy to get you one.</p>
<p style="text-align: right;">Page 11</p> <p>1 If we can try to maintain some breaks between</p> <p>2 my questions and your answers, that will help</p> <p>3 the court reporter who is trying to keep up</p> <p>4 with us and get a complete and clean</p> <p>5 transcript.</p> <p>6 Do you understand she's typing</p> <p>7 everything you say?</p> <p>8 A. Yes, sir.</p> <p>9 Q. Okay. Great.</p> <p>10 Importantly, she can't take</p> <p>11 down shrugs of the shoulders, utterances,</p> <p>12 "uh-huh," and "huh-uhs," headshakes. So</p> <p>13 please answer verbally. Even though we do</p> <p>14 have a video, everyone is going to be relying</p> <p>15 on the transcript that she's taking today.</p> <p>16 Do you understand that?</p> <p>17 A. Yes.</p> <p>18 Q. Your counsel has probably also</p> <p>19 gone over this as well, but if you can pause</p> <p>20 between the questions to allow him an</p> <p>21 opportunity to interpose any objections he</p> <p>22 may have, that would be, I'm sure,</p> <p>23 appreciated by him. And unless he instructs</p> <p>24 you not to answer a question, you should</p> <p>25 answer the question after he's interposed the</p>	<p style="text-align: right;">Page 13</p> <p>1 Okay?</p> <p>2 A. Okay.</p> <p>3 Q. If at any point in the</p> <p>4 deposition you need a document in order to</p> <p>5 answer a question because you can't recall</p> <p>6 it, I'd like you to try and tell me about the</p> <p>7 document, describe the document. There is a</p> <p>8 chance we might have it in this box. There's</p> <p>9 a chance that someone else might be able to</p> <p>10 arrange for it to be provided to you during a</p> <p>11 break. Okay?</p> <p>12 A. Okay.</p> <p>13 Q. And as you see, I have a</p> <p>14 computer in front of me, so if there's an</p> <p>15 electronic file that you think you may need,</p> <p>16 chances are I can probably accommodate you on</p> <p>17 that as well. We can put it up on the ELMO.</p> <p>18 We can put it up on the screen. So if</p> <p>19 there's an Excel, an Access database or</p> <p>20 anything else you think you may need, you let</p> <p>21 us know and we'll try to get it for you.</p> <p>22 Okay?</p> <p>23 A. Okay.</p> <p>24 Q. If you don't recall the answer</p> <p>25 to a question or can't remember the answer,</p>

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1 just say so. It's important, though, that
2 you remember, you need to try and testify as
3 completely and fully as you can. Okay?

4 Will you agree to that?

5 A. Yes.

6 Q. Is there anything that would
7 prevent you from thinking clearly today?

8 A. No.

9 Q. No medical conditions.
10 Anything that would prevent you from
11 testifying truthfully today?

12 A. No.

13 Q. And there's nothing that would
14 prevent you from talking and testifying
15 completely today?

16 A. No.

17 Q. What did you do generally to
18 prepare for your deposition today?

19 A. Met with Walmart legal
20 representatives for roughly about two days.

21 Q. And when you say "two days," do
22 you mean you met on two separate days for a
23 few hours each day, or do you mean --

24 A. Yes.

25 Q. -- you met for two solid days?

Page 15

1 A. Two days, about six to eight
2 hours.

3 Q. Six to eight hours each day?

4 A. Six to eight, yes.

5 Q. Okay. Where did those meetings
6 take place?

7 A. At Walmart.

8 Q. Did you have any telephonic
9 meetings with Walmart's counsel --

10 A. No.

11 Q. -- prior to those meetings?

12 Did you receive any video
13 training materials or anything else you
14 needed to review, gave you some ground rules
15 on depositions?

16 A. No.

17 Q. Okay. Aside from materials
18 that your counsel may have provided you, did
19 you review any materials in your files to
20 prepare for your deposition here today?

21 A. No.

22 Q. When did you graduate high
23 school?

24 A. '81.

25 Q. What did you do after high

Page 16

1 school?

2 A. Went to college.

3 Q. Where did you go?

4 A. First I went to Summit Junior
5 College and played basketball for a year, and
6 then went to the University of Louisiana at
7 Monroe after that first year and started --
8 decided I wanted to go to pharmacy school.
9 So I completed the BS at pharmacy school at
10 Northeast and graduated in '86.

11 Q. Okay. So you initially went to
12 Summit Junior College, played basketball for
13 one year. You then transferred to Louisiana
14 Monroe, and you were there for one year?

15 A. I was there for the remainder,
16 until I graduated as a pharmacist.

17 Q. Okay. So you completed your
18 degree in pharmacy at Louisiana at Monroe?

19 A. Yes.

20 Q. And you're a -- what type of
21 pharmaceutical degree do you have?

22 A. I have a BS.

23 Q. BS. Do you have any
24 licensures?

25 A. I have a licensure in Louisiana

Page 17

1 and Missouri, and in Texas.

2 Q. Okay. You graduated in 1986.
3 Have you gone back to graduate school?

4 A. I have not.

5 Q. Any certifications?

6 A. No.

7 Q. Additional training?

8 A. No.

9 Q. What did you do between 1986
10 and 1987?

11 A. I worked for K&B, which was a
12 regional chain in New Orleans, Louisiana, for
13 a year as a pharmacist.

14 Q. And how long did you stay at
15 K&B?

16 A. Right about a year.

17 Q. And what did you do then?

18 A. Moved -- transferred, and an
19 opportunity came up for a Walmart in my
20 hometown where I grew up, and I opened up a
21 pharmacy there for Walmart.

22 Q. So you joined Walmart in 1987?

23 A. Yes.

24 Q. And have you continued to work
25 for Walmart since 1987?

Page 18

1 A. Yes, I have.
 2 Q. You said you opened up a
 3 pharmacy for Walmart.
 4 Were you a dispensing
 5 pharmacist?
 6 A. Yes, I was.
 7 Q. And how long were you a
 8 dispensing pharmacist for Walmart?
 9 A. Right about ten years.
 10 Q. So approximately 1987 to 1997?
 11 A. Approximately.
 12 Q. What did you do after 1997?
 13 A. Went into a market director
 14 role, which was more of an oversight of
 15 pharmacies across stores within a market. It
 16 was about 12 to 15 stores in the central
 17 Louisiana area.
 18 Q. And how long were you in that
 19 market director role?
 20 A. About two years.
 21 Q. Until 1999?
 22 A. Yes.
 23 Q. What position did you take in
 24 1999?
 25 A. I went to a general manager

Page 19

1 position for our mail order pharmacy in
 2 Carrollton, Texas. And I was there for
 3 roughly six to seven years.
 4 Q. Okay. So approximately
 5 2005ish, 2006ish?
 6 A. Yes.
 7 Q. That's -- okay.
 8 And when you left the position
 9 as a general manager for the mail order
 10 pharmacy group in Carrollton, Texas, what did
 11 you do?
 12 A. I went to the -- took an
 13 opportunity to be a buyer for Walmart for Rx.
 14 And stayed in that role for about six years.
 15 Q. When you say you were "a buyer
 16 for Walmart for Rx," do you mean you were a
 17 buyer for the prescription buying group?
 18 A. Yes.
 19 [REDACTED]
 20 [REDACTED]
 21 [REDACTED]
 22 [REDACTED]
 23 [REDACTED]
 24 [REDACTED]
 25 [REDACTED]

Page 20

1 [REDACTED]
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 [REDACTED]
 8 [REDACTED]
 9 [REDACTED]
 10 [REDACTED]
 11 [REDACTED]
 12 [REDACTED]
 13 [REDACTED]
 14 [REDACTED]
 15 Q. Did your title change over time
 16 from pharmacy buyer?
 17 A. I moved to a senior buyer. I
 18 can't recall exactly the day.
 19 Q. Do you have an approximation?
 20 A. It was probably my last year
 21 and a half as a buyer.
 22 Q. Which was when?
 23 A. So I was in the role probably
 24 about five years, four years, four and a half
 25 years as a buyer, and then moved to a senior

Page 21

1 buyer.
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 [REDACTED]
 8 [REDACTED]
 9 [REDACTED]
 10 [REDACTED]
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[REDACTED]

Page 29

[REDACTED]

7 Q. (BY MR. ECKLUND) So your
8 current role is -- what's your current title?
9 A. My current title is director of
10 clinical services. So I support the
11 immunizations program and the health
12 screenings program for our pharmacies. And I
13 have been in that position for five years,
14 almost six years.
15 Q. So approximately 2013? Or
16 2012?
17 A. Since I took this position,
18 about in 2013.

[REDACTED]

Page 30

[REDACTED]

Page 32

[REDACTED]

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[REDACTED]

Page 33

[REDACTED]

Category	Percentage
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Page 44

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Page 43

[REDACTED]

Page 45

[REDACTED]

Page 46

[REDACTED]

Page 48

[REDACTED]

5 Q. Ms. Coleman, do you have
6 children?
7 A. Yes.
8 Q. Okay. How old?
9 A. Soon to be 28 and 23.
10 Q. Did they enjoy Halloween when
11 they were children?
12 A. Yes.
13 Q. Do you also enjoy Halloween?
14 A. I do. With my grandkids.

[REDACTED]

Page 47

[REDACTED]

Page 49

[REDACTED]

[illegible]

Row	Bar Length (approx. %)
1	85
2	15
3	88
4	72
5	35
6	95
7	90
8	68
9	78
10	98
11	45
12	85
13	72
14	15
15	10
16	80
17	95
18	88
19	25
20	78

10 Q. Do you know whether the \$4
11 generic program included controlled
12 substances?

13 A. It did not.

14 Q. Do you know whether the \$9
15 program included?

16 A. To my knowledge, it did not.

17 Q. Okay. Was there a reason why
18 it wasn't included?

19 A. Just in general, in my career
20 with the company, we've never promoted
21 controlled substances to the customer or to a
22 physician.

Page 54

[REDACTED]

Page 56

[REDACTED]

Page 55

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Page 57

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Page 69

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Page 70

[REDACTED]

Page 71

[REDACTED]

Page 72

[REDACTED]

5 MR. ECKLUND: Let's take our
6 first break.
7 THE VIDEOGRAPHER: We are going
8 off the record at 9:25 a.m.
9 (Recess taken, 9:25 a.m. to
10 9:44 a.m.)
11 THE VIDEOGRAPHER: We are back
12 on the record at 9:44 a.m.
13 MR. ECKLUND: Welcome back,
14 Ms. Coleman.
15 THE WITNESS: Thank you.

[REDACTED]

Page 73

[REDACTED]

Page 74

Page 76

1 Q. What's the difference between
2 an opioid epidemic and an opioid crisis?
3 A. I'm not a -- someone who can
4 define what an epidemic is, but, you know, I
5 will say one way or the other.
6 Q. When did you become aware of
7 the opioid crisis?
8 A. Probably in the last five years
9 or so. Six years.
10 Q. How did you become aware of the
11 opioid crisis in 2012? Or 2013?
12 A. Just what's in the news or what
13 I hear being at the office.
14 Q. So at the office you have
15 discussions about the opioid crisis between
16 2012 and 2013?
17 A. I can't recall when.
18 Q. Do you have a recollection of
19 any of those discussions?
20 A. I don't recall specific
21 discussions around the opioid crisis.
22 Q. Would those have been formal
23 meetings or informal watercoolers?
24 A. Just informal.
25 Q. Just conversations around the

Page 75

Page 77

12 Q. Are you familiar generally with
13 the defendants that are named in this case,
14 beyond Walmart?
15 A. No.
16 Q. Are you familiar with the
17 plaintiffs?
18 A. No.
19 Q. Do you know whether they're
20 individuals or public entities?
21 A. I do not.
22 Q. Can we agree that there is an
23 opioid epidemic in the United States today?
24 A. I believe there's a crisis, an
25 opioid crisis.

1 coffee pot or the watercooler around the
2 office?
3 A. I really don't recall where
4 they were.
5 Q. Do you recall having any
6 conversations with anyone in particular?
7 A. No.
8 Q. You mentioned news. Are you
9 talking about written news? Like a
10 newspaper? Online internet? Or television
11 news?
12 A. Either.
13 Q. Both?
14 A. Both.
15 Q. When you watch television news,
16 what channels do you most often watch?
17 A. I don't really specifically
18 watch any one over the other.
19 Q. So local news?
20 A. Yeah.
21 Q. CNN?
22 A. Possibly.
23 Q. Fox News?
24 A. Possibly.
25 Q. CNBC?

1 A. Yes.
 2 Q. MSNBC?
 3 A. I'm not --
 4 Q. You're completely open to
 5 whatever newscaster is on. You're open to
 6 listening and paying attention --
 7 A. I don't watch a lot of news
 8 personally, but yeah.
 9 Q. So television news is not a big
 10 part of your life?
 11 A. Correct.
 12 Q. How about reading the
 13 newspaper? Is it a habit?
 14 A. No.
 15 Q. What about reading online news?
 16 Is that a habit?
 17 A. Online news? No.
 18 Occasionally.
 19 Q. Once or twice a week?
 20 A. Yes.
 21 Q. But not daily?
 22 A. Not daily.
 23 Q. Okay. When you say "crisis,"
 24 what do you mean by crisis?
 25 A. Just that -- crisis is that

1 there's a -- just an opportunity with a
 2 product, or -- I don't really know the
 3 definition of a crisis, but ...
 4 Q. That's okay. Let's see if we
 5 can reach agreement.
 6 So I looked up on
 7 Merriam-Webster's Dictionary the word
 8 "crisis."
 9 And there are a few definitions
 10 available. We've got definition of crisis A:
 11 "The turning point for better or worse in an
 12 acute disease or fever?"
 13 And you can see it on the
 14 screen now. Correct? Ms. Coleman, you can
 15 see the Merriam-Webster's website on the
 16 large screen in the room?
 17 A. Yes.
 18 Q. Okay. And you can see it says
 19 "Merriam-Webster since 1828," and you can see
 20 I looked up the word "crisis"?
 21 A. Yes.
 22 Q. And I'm going to read it. If I
 23 misread it, just stop me.
 24 Definition of crisis.
 25 "The turning point for better

1 or worse in an acute disease or fever."
 2 B: "a paroxysmal attack of
 3 pain, distress, or disordered function."
 4 C: "an emotionally significant
 5 event or radical change of status in a
 6 person's life." And then there's -- midlife
 7 crisis is an example.
 8 Following below, we have
 9 definition 2, "the decisive moment, as in a
 10 literary plot."
 11 And 3A and 3B: "An unstable or
 12 crucial time or state of affairs in which a
 13 decisive change is impending, especially one
 14 with the distinct possibility of a highly
 15 undesirable outcome." Examples being a
 16 financial crisis, or the nation's energy
 17 crisis.
 18 And then B: "a situation that
 19 has reached a critical phase." The
 20 environmental crisis, and the unemployment
 21 crisis being examples.
 22 When you used the word
 23 "crisis," do any of those definitions fit
 24 your understanding of the word "crisis" as
 25 you were using it when we talked about the

1 opioid crisis?
 2 A. Yes.
 3 Q. Which one?
 4 A. Several of them.
 5 Q. Why don't you identify the ones
 6 that do.
 7 A. "A turning point for better or
 8 worse."
 9 Q. Okay. So --
 10 A. "A decisive moment."
 11 Q. 1A, 2. Okay.
 12 What about 3A or 3B?
 13 A. I would say both of them.
 14 Q. Okay. So when you use the word
 15 "crisis" today, I'm going to keep your
 16 understanding of that word in mind; is that
 17 fair?
 18 A. That's fair.
 19 Q. I want to make sure we have an
 20 understanding of what each other -- of what
 21 I'm saying to you and what you're saying to
 22 me. And if there's a word that I used today
 23 and you want me to look it up and you want a
 24 dictionary --
 25 A. Okay.

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1 Q. -- totally fine. Okay?

2 Can we agree that over the past

3 year the opioid crisis has gained visibility

4 in our society?

5 A. Yes.

6 Q. Are you aware that

7 President Trump has identified the opioid

8 epidemic as he referred to it as a "public

9 health emergency"?

10 A. Yes.

11 Q. Do you agree with that

12 characterization by President Trump that the

13 opioid crisis or opioid epidemic is a "public

14 health emergency"?

15 A. I think it's a public health

16 concern, personally, my personal opinion.

17 Q. Okay. That's all right. You

18 don't have to agree or disagree with the

19 President. I'm just asking your opinion.

20 A. Yeah.

21 Q. Are you aware that a national

22 commission and a commission of state

23 governors have issued recommendations for

24 action to address the opioid epidemic?

25 A. I'm not aware of that.

Page 83

1 Q. Are you aware that many of the

2 concerns that have been raised by elected

3 officials stem from the fact that in 2016,

4 more than 11 million Americans misused

5 prescription opioids?

6 MR. CARTER: Object to the

7 form.

8 MR. WATTS: Object to the form.

9 MR. ECKLUND: Are you aware?

10 THE WITNESS: Can you restate

11 that?

12 MR. ECKLUND: Sure.

13 Q. (BY MR. ECKLUND) Are you aware

14 that in 2016, more than 11 million Americans

15 misused prescription opioids?

16 MR. CARTER: Object to the

17 form.

18 THE WITNESS: I don't

19 specifically know that number.

20 Q. (BY MR. ECKLUND) Are you aware

21 that the number of opioid-related deaths have

22 more than quadrupled since 1999?

23 MR. CARTER: Object to the

24 form.

25 THE WITNESS: I don't know the

Page 84

1 details on that.

2 Q. (BY MR. ECKLUND) It's not

3 something that you're aware of in your role

4 as a purchaser or buyer of pharmaceutical

5 drugs including prescription opioids for

6 Walmart?

7 MR. CARTER: Same objection.

8 THE WITNESS: I'm not aware of

9 the details of that, no.

10 MR. ECKLUND: Okay.

Page 85

1 [REDACTED]

2 [REDACTED]

3 [REDACTED]

4 Q. That's okay. We'll get there.

5 If I wanted to go into a store

6 today and buy 50 pills, prescription pills,

7 but I don't have a prescription, I can't do

8 it. Is that right? Without a prescription,

9 I can't purchase prescription drugs?

10 A. Correct.

11 Q. But I can go in and buy a dozen

12 eggs from Walmart if they're available for

13 sale?

14 A. Correct.

15 Q. And I could buy blue jeans?

16 A. Correct.

17 Q. Or a book?

18 A. Yes.

19 Q. Anything else in the store that

20 has restrictions that you're aware of?

21 A. Probably firearms.

22 Q. Firearms.

23 A. Alcohol.

24 Q. Okay. Does that make sense to

25 you? Firearms should be --

Page 86

1 A. I don't have one way --
 2 Q. No, I'm saying does it make
 3 sense that firearms might be something where
 4 there would be additional restrictions on
 5 purchase and sales?

6 A. Yes.

7 Q. Anything besides firearms and
 8 prescription drugs come to mind?

9 A. Alcohol.

10 Q. Alcohol. Does that one make
 11 sense to you as well?

12 A. I don't -- I just know there
 13 are restrictions as a purchaser.

14 Q. Okay.

15 A. That's really all I have to add
 16 there.

17 Q. And tobacco as well?

18 A. Yes.

19 Q. Okay. Now, you mentioned
 20 firearms, alcohol, and I mentioned tobacco to
 21 you.

22 So let's talk about those, and
 23 then we'll talk about prescription drugs.

24 Most individuals who purchase
 25 alcohol purchase alcohol to consume the

Page 87

1 alcohol because they enjoy the alcohol. Is
 2 that basically consistent with your
 3 understanding of why people might buy
 4 alcohol?

5 A. I don't know why people buy
 6 alcohol. I don't know. I mean ...

7 MR. CARTER: I didn't have the
 8 time at the break, but I would object
 9 to the form of that question.

10 MR. ECKLUND: That's fine.

11 Q. (BY MR. ECKLUND) Tobacco, most
 12 people purchase it for personal use. They
 13 enjoy smoking tobacco. They enjoy chewing
 14 tobacco. Maybe they're addicted, but they
 15 use tobacco themselves?

16 MR. CARTER: Same objection.

17 Q. (BY MR. ECKLUND) What's your
 18 understanding of why people purchase
 19 prescription drugs? You're a pharmacist.
 20 Why do people most often buy prescription
 21 drugs? Is it because they like ingesting
 22 pills or is it because they're looking for a
 23 health benefit?

24 A. They likely have a diagnosed
 25 health condition and are seeking treatment of

Page 88

1 that condition.

2 Q. Okay. So they're looking to
 3 treat a health condition. They're looking to
 4 improve their quality of life?

5 MR. CARTER: Object to the
 6 form.

7 THE WITNESS: Possibly.

8 Q. (BY MR. ECKLUND) Possibly?
 9 Perhaps a little longer life? Maintain or
 10 manage a condition so that you can live a
 11 full and complete life?

12 MR. CARTER: Form.

13 THE WITNESS: Possibly.

14 Q. (BY MR. ECKLUND) Possibly?

15 So consumers purchase and
 16 ingest pharmaceuticals most often because of
 17 the role they can play in improving or
 18 maintaining their health. Is that fair?

19 A. Yes.

Page 89

[REDACTED]

Page 90

Q. We talked about one of the key differences between prescription drugs and other drugs, which is by definition a prescription only. You need a prescriber to write a prescription in order to obtain that medication; correct?

A. Correct.

Q. Okay. Let's talk about another difference in prescriptions.

Let's talk about insurance.

Many consumers who purchase prescription drugs, they have insurance coverage; correct?

A. Correct.

Q. And many elderly individuals in

Page 91

America today enjoy benefits provided by Medicare. Is that consistent with your understanding?

A. Yes.

Q. And you're aware of Medicaid programs as well?

A. Yes.

Q. Okay. Are you familiar with formulary lists?

A. Yes.

Q. What's a formulary list?

A. It's generally a list of products that the insurance plan covers.

Q. Okay. Are you familiar with tiers for prescription drugs benefits?

A. Brand or generic tiers.

Q. Okay. One type. Specialty pharmaceutical might be another tier?

A. I'm not familiar with those types of tiers.

Q. Again, a somewhat unique circumstance for prescription drugs is that the transactions themselves don't just involve the consumer. They can involve an insurance provider. They can involve

Page 92

Medicare. They can involve Medicaid. They can involve formulary lists. That all true?

MR. CARTER: Object to the form.

THE WITNESS: They can, yes.

Q. Insurance will not pay for your blue jeans.

Medicare and Medicaid won't cover blue jeans; right?

A. I'm not a -- not that I know of.

Q. Okay. And formulary lists, while they restrict which drugs you may get or the order in which you may receive them, there's no one in the shoe department at Walmart that says you can't buy the Nikes

Page 93

until you've tried the Reeboks; right? You can choose what you want to buy without involvement by another party.

A. Correct.

Page 94

[REDACTED]

Page 96

[REDACTED]

8 Q. We talked in part on your
9 familiarity with controlled substances.
10 Let's get a little more detailed on
11 controlled substances.
12 What is a controlled substance?
13 A. It is a product that has
14 limitations as far as refills is considered,
15 depending on the state law, what you can
16 dispense, you know, how many refills,
17 et cetera.

[REDACTED]

Page 95

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Page 105

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A horizontal bar chart titled "U.S. should take action to address climate change" showing the percentage of respondents who believe the U.S. should take action to address climate change. The chart is broken down by age group (18-29, 30-49, 50-69, 70+) and gender (Male, Female). The y-axis lists the demographic groups, and the x-axis shows the percentage from 0 to 100. The bars are color-coded: blue for Male and orange for Female. The data is as follows:

Age Group	Gender	
18-29	Male	95%
	Female	95%
30-49	Male	90%
	Female	90%
50-69	Male	85%
	Female	85%
70+	Male	80%
	Female	80%
Total	Male	85%
	Female	85%

Page 110

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Page 112

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Page 111

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Page 113

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Page 114

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Page 116

[REDACTED]

6 Q. (BY MR. ECKLUND) And you're
7 aware that prescription opioids have been
8 sold on the street illicitly?
9 A. I am aware of that.
10 Q. When did you become aware that
11 prescription opioids were being sold on the
12 street?
13 A. I can't recall exactly.
14 Q. More than five years ago?
15 A. Yes.
16 Q. More than six years ago?
17 A. I really can't --
18 Q. That's okay.
19 A. I don't -- I don't know.
20 Q. I'm not trying to like pinpoint
21 you. Will you agree it's between five and,
22 say, eight years ago?
23 A. Possibly.
24 Q. Possibly? We'll stick with
25 five. Is that fair?

Page 115

[REDACTED]

Page 117

1 A. Yes. That's fair.
[REDACTED]

Page 118

[REDACTED]

Page 120

[REDACTED]

Page 119

[REDACTED]

Page 121

[REDACTED]

Page 124

25 Q. Immunosuppressants?

Page 125



25 Is that consistent with your

Page 126

[REDACTED]

Page 128

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Page 127

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Page 213

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14 MR. WATTS: If I could please
15 request that we read the Bates numbers
16 of the exhibits in the record. That
17 would be helpful for us on the phone.
18 We'd appreciate it.
19 MR. ECKLUND: Okay.
20 Are you hungry? Are you ready
21 to eat?
22 THE WITNESS: I wouldn't -- you
23 said around 12:00? I'm okay right
24 now.
25 MR. ECKLUND: You waved your

Page 214

1 hand.
2 THE WITNESS: I don't know when
3 the food is here.
4 MR. ECKLUND: Just wave your
5 hand when you want to break for lunch
6 and we'll break for lunch. Okay?
7 THE WITNESS: Okay.

[REDACTED]

Page 216

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Page 232

1 [REDACTED]
 2 MR. ECKLUND: Again, please let
 3 me know when you want to take lunch.
 4 THE WITNESS: Probably in a few
 5 minutes. I need a break.
 6 MR. ECKLUND: Do you want to do
 7 this one and then we'll take a break?
 8 THE WITNESS: Yeah.
 9 MR. ECKLUND: That's fine.
 10 (Walmart Coleman Deposition
 11 Exhibit 10 was marked for
 12 identification.)
 13 Q. (BY MR. ECKLUND) So,
 14 Ms. Coleman, I've handed you a document that
 15 I found online. And it's from a presentation
 16 that was -- I'll say it was jointly offered
 17 by Walmart and Humana. And came out in
 18 connection with announcements and press
 19 releases.
 20 And you can peruse the document
 21 if you want. And let me know if you remember
 22 listening in to the media teleconference or
 23 reading any materials about this particular
 24 venture. And you can see that there are
 25 press contacts, and there's a date.

Page 233

1 MR. ECKLUND: And just for
 2 counsel on the record, there is no
 3 Bates stamp on this document.
 4 Q. (BY MR. ECKLUND)
 5 September 30th, 2010. Do you see that on the
 6 third slide?
 7 When you get there, you let me
 8 know.
 9 A. Okay.
 10 Q. So you've had a chance to
 11 quickly peruse the slide deck?
 12 A. Yes.
 13 Q. If you'd turn to the -- what
 14 includes the 3 at the bottom. Do you see
 15 there's a numbering on the slides?
 16 A. Uh-huh.
 17 Q. So it appears that the media
 18 teleconference was going to be held on or
 19 around September 30th, 2012.
 20 Do you see that?
 21 A. Yes.
 22 Q. And if you go to the next
 23 slide, you have a picture of a gentleman,
 24 William Fleming, vice president, Humana
 25 Pharmacy Solutions.

1 understanding.
2 Q. Okay. Just in connection with
3 clinical services, immunizations, you don't
4 have any reason to dispute that number?
5 Okay.
6 MR. CARTER: Object to the
7 form.
8 Q. (BY MR. ECKLUND) There's a
9 prediction, 26 million by 2015. Do you know
10 whether that came about or if it's slightly
11 lower or slightly higher than the actual
12 number?
13 A. I don't.
14 Q. You don't? Okay.
15 I'll direct your attention to
16 the ninth slide. Top of the page. "An
17 innovative solution the Humana Walmart
18 Preferred Rx Plan."
19 PDP.
20 And that's -- "PDP" stands for
21 prescription drug plan; correct?
22 A. I don't know that for certain,
23 but ...
24 Q. You don't know. Okay.
25 If you'd look at the bottom of

2 Q. Okay. And towards the bottom
3 of the page, it mentions that there's a list
4 of medicines available, Humana.Medicare.com.
5 So that at the time would have included all
6 the medications covered by this preferred
7 prescription plan?

8 MR. CARTER: Object to the
9 form.

10 THE WITNESS: Yep.

11 Q. (BY MR. ECKLUND) It also
12 references a broad competitive formulary
13 comparable to other plans. And again, we
14 talked about formulary lists earlier. That's
15 a list of drugs that might be approved by a
16 particular provider of an insurance benefit.

17 A. Correct.

18 Q. Okay. This document also
19 mentions home delivery mail order co-payments
20 as low as \$0 for generic medications and
21 prescriptions filled using the plan's
22 preferred mail order pharmacy.

■ [REDACTED]

■ [REDACTED]

■ [REDACTED]

1. **Introduction**
 2. **Background**
 3. **Methodology**
 4. **Results**
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 9. **Figure 1**
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 217. **Figure 209**

A horizontal bar chart titled 'U.S. should take action to address climate change'. The y-axis lists age groups: 18-29, 30-49, 50-69, 70+, and 'All adults'. The x-axis shows percentages from 0 to 100. For each age group, there are two bars: a blue bar for 'Men' and an orange bar for 'Women'. The data is as follows:

Age Group	Men (%)	Women (%)
18-29	88	85
30-49	85	82
50-69	82	79
70+	79	76
All adults	80	78

Q. There's a reason why I'm asking.

If you'd go to the slide that has the number 13 at the bottom. It says, "Why Walmart? Uniquely positioned to help lower the cost of prescription medications. Hugely successful \$4 prescription program sparked new thinking." And then "Saved Americans \$3.4 billion since 2006."

Mentions that those on Medicare are often hit hard with rising healthcare costs because again, many of the individuals on Medicare are retirees living on fixed incomes.

And you have "High drug costs cause many Medicare Part D beneficiaries to take less medication than prescribed or forego basic needs to pay for medicines."

And then there's a reference that no one should have to choose between groceries and buying medications.

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1 So it's talking about Walmart
2 and, in particular, the, quote/unquote,
3 hugely successful \$4 prescription program.

4 After lunch, we're going to
5 start talking about that. Okay?

6 A. Okay.

7 Q. Do you want to turn your
8 attention to slide 15 at the bottom.

9 It says, "The plan provides
10 other great ways to save." And you can see
11 there are three columns beyond drug tier.

12 Do you see that's the drug tier
13 again. That consists of the formulary list
14 or tiering system to control pharmaceutical
15 drug costs. Right? Do you see that?

16 A. Yes.

17 Q. And it's got preferred
18 generics, generics, non-preferred generics
19 and preferred brands and then non-preferred
20 brands.

21 And the non-preferred brands
22 might include specialty pharmaceuticals.
23 It's also possible that preferred brands and
24 non-preferred generic. Right?

25 MR. CARTER: Form.

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1 THE WITNESS: It's possible.

2 Q. (BY MR. ECKLUND) Okay. All
3 right. So let's go through this list.

4 \$310 annual deductible for all
5 tiers. And it's got what you pay for a \$30
6 prescription supply. If you go to a
7 preferred pharmacy, like Walmart, Sam's Club
8 or your neighborhood market, table suggests
9 that for the preferred generic, you'd add a
10 \$2 co-pay. Do you see that?

11 A. Yes.

12 Q. And then for the tier 2
13 generic, you've got a \$5 co-pay.

14 Do you see that?

15 A. Yes.

16 Q. And then for the third tier
17 you've got 20 percent co-insurance.

18 Do you see that?

19 A. Yes.

20 Q. What is co-insurance?

21 A. I'm not certain I understand
22 that terminology, what that means.

23 Q. Okay.

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10 MR. ECKLUND: All right. Let's
11 take a lunch break.

12 THE VIDEOGRAPHER: We are going
13 off the record. 12:43 p.m.

14 (Recess taken, 12:43 p.m. to
15 1:19 p.m.)

16 THE VIDEOGRAPHER: We are back
17 on the record at 1:19 p.m.

18 Q. (BY MR. ECKLUND) Welcome back
19 from lunch.

20 I hear you clearing your
21 throat. If you need to get up and get some
22 water, hot tea, coffee the folks that have
23 hosted this deposition have been tremendously
24 gracious throughout. I'm sure they would
25 accommodate any of the folks who have a

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Page 250

[REDACTED]

Page 252

[REDACTED]

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[REDACTED]

Page 256

[REDACTED]

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Page 266

[REDACTED]

Page 268

[REDACTED]

Page 267

[REDACTED]

Page 269

[REDACTED]

Page 270

[REDACTED]

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1 MR. ECKLUND: Let's go off the
2 record.
3 THE VIDEOGRAPHER: We're going
4 off the record. The time is 1:48.
5 (Recess taken, 1:48 p.m. to
6 1:50 p.m.)
7 THE VIDEOGRAPHER: We are back
8 on the record at 1:50 p.m.

[REDACTED]

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[REDACTED]

Page 273

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Page 274

[REDACTED]

Page 276

[REDACTED]

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Page 279

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Page 282

[REDACTED]

Page 284

[REDACTED]

Page 283

[REDACTED]

Page 285

[REDACTED]

Page 286

[REDACTED]

Page 288

[REDACTED]

18 (Walmart Coleman Deposition
19 Exhibit 16 was marked for
20 identification.)
21 MR. ECKLUND: For the folks
22 following along on the phone, we're
23 looking at a document that was
24 obtained from the archives of the FBI
25 website from the St. Louis office. It

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[REDACTED]

Page 289

1 concerns a press release dated
2 March 2nd, 2010 that was downloaded on
3 December 10th, 2018.
4 Q. (BY MR. ECKLUND) Title of which
5 is "Ethex Corporation, a subsidiary of KV
6 Pharmaceutical, pleads guilty to two felonies
7 and agrees to pay the United States
8 \$27,568,921 for fine, restitution, and
9 forfeiture."
10 Ms. Coleman, I'd like to direct
11 your attention to the paragraph -- second
12 paragraph talking about certain prescription
13 drugs.
14 It says, "According to
15 documents filed with the Court, Ethex and KV
16 were collectively engaged in the development,
17 manufacturing and sale of prescription drugs,
18 including dextroamphetamine sulfate, a drug
19 used to treat attention deficit disorder in
20 children, propafenone, a heart medication.
21 On May 7th and 8th of 2008, KV and Ethex
22 received two complaints reporting the
23 discovery of oversized morphine sulfate
24 tablets. During this timeframe, KV
25 manufactured numerous types of drugs with BB2

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1 tablet presses including morphine sulfate,
2 propafenone HCL -- that's a hydrochloride,
3 and dextroamphetamine sulfate. These tablet
4 presses have been used by the company for a
5 number of years, and by May 2008 these
6 machines lacked some of the safety and
7 automation features that more modern tablet
8 press machines currently have."

[REDACTED]

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[REDACTED]

Page 291

[REDACTED]

Page 293

[REDACTED]

Page 294

[REDACTED]

Page 296

[REDACTED]

17 (Walmart Coleman Deposition
18 Exhibit 17 was marked for
19 identification.)

20 Q. (BY MR. ECKLUND) So,
21 Ms. Coleman, I've handed you an article. It
22 was downloaded from healthaffairs.org on
23 December 10th, 2018. It was initially
24 published on or about September or October of
25 2009, as evidenced by the footer on the

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[REDACTED]

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1 document which may have been covered by the
2 sticker that indicates the exhibit.

3 A. It's there.

4 Q. You'll see at the top it
5 references Dr. Agwunobi, who we talked about
6 earlier today.

7 A. Correct.

8 Q. Within the document it
9 describes what the two authors, Mr. -- or
10 Dr. Agwunobi and -- I'm not sure whether it's
11 Dr. or Mr. Paul London, perceived to be
12 "opportunities to remove costs from the
13 healthcare supply chain, and how to apply
14 lessons from mass retail."

15 You're free to read the entire
16 article, if you want. It's not necessary.

17 I wanted to just talk to you a
18 little bit about what was described within
19 the article.

20 Importantly, in the bottom of
21 the first page they talk about
22 commoditization of products. The elimination
23 of middlemen, purchasing in bulk,
24 volume-based cost discounts, embracing price
25 competition whenever possible. Mass

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1 retailers price standardized everyday
2 products and services as commodities.

3 It says, "For a mass retailer
4 any item that can be commoditized, that is
5 made into something that is not distinguished
6 by brand is a product that can be purchased
7 in bulk and offered at a reduced price?"

8 Do you see that?

9 A. Yes.

10 Q. Okay. If you'd turn to the
11 next page.

12 "Streamlining the healthcare
13 supply chain. It describes the health system
14 is beginning to benefit from the application
15 of cost control models from mass retail."

16 And it goes on. At the bottom
17 you could see, "For example, low cost
18 generics today are offered in some cases for
19 as little as \$4 for a 30-day supply, at
20 commonly prescribed doses." And it's Endo
21 reference 15, and they're talking about
22 Walmart's \$4 drug program.

23 If you were to turn to the last
24 page, you'd see that.

25 Towards the top quarter of the

Page 300

1 Q. Okay. So this article was
2 published in 2009. We talked very briefly
3 this morning about Medicare Part D benefits,
4 and we also talked a little bit about the \$4
5 30-day generic prescription plan announced by
6 Walmart in 2006. Do you recall when that
7 program began in 2006?

8 A. I don't.

9 Q. September 2006 sound about
10 right?

11 A. Possibly.

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1 page. Article by Robertson. Walmart. \$4
2 drug program saves \$26.8 million in
3 California, Sacramento Business Times 2008
4 March 14th.

5 Do you see that?

6 A. Yes.

7 Q. So they're describing Walmart's
8 program.

9 And it continues, "By forgoing
10 high profit margins in exchange for volume
11 growth, mass retailers have created a
12 competitive cascade that has begun to affect
13 overall healthcare costs."

14 Do you see that?

15 A. Where are you?

16 Q. If you were to look at the
17 bottom of the page, it bears the number 1338
18 in the bottom left-hand corner.

19 MR. CARTER: He's reading after
20 footnote 16.

21 THE WITNESS: Okay.

22 MR. ECKLUND: Yep, exactly.

23 Q. (BY MR. ECKLUND) Do you see
24 that?

25 A. Yes.

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Page 302

[REDACTED]

Page 304

[REDACTED]

Page 303

[REDACTED]

Page 305

[REDACTED]

Page 306

1 [REDACTED]
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 [REDACTED]
 8 [REDACTED]
 9 [REDACTED]
 10 [REDACTED]
 11 [REDACTED]
 12 [REDACTED]
 13 [REDACTED]
 14 [REDACTED]
 15 [REDACTED]
 16 [REDACTED]
 17 [REDACTED]
 18 [REDACTED]
 19 [REDACTED]
 20 Q. (BY MR. ECKLUND) Okay. What
 21 would make a generic drug unique among other
 22 generic drugs?
 23 A. I mean, personally, I mean,
 24 maybe the different diseases that they treat.
 25 Q. Okay. So if there were two

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1 drugs that were intended to treat the same
 2 condition -- they're both generic versions of
 3 the same drug -- would you view those as
 4 essentially interchangeable or would you view
 5 them as in some way unique?
 6 A. I don't know that I'm
 7 following.
 8 Q. Okay.
 9 A. I mean, there are substitution
 10 rules in what products can be dispensed for
 11 what conditions. And I'm not certain what
 12 specifically you mean by "substitution."
 13 Q. Let's use ibuprofen as an
 14 example.
 15 A. Okay.
 16 Q. So you've got brand-name
 17 ibuprofen. You're familiar with that; right?
 18 A. Motrin?
 19 Q. Motrin? Okay.
 20 Advil?
 21 A. Mm-hmm.
 22 Q. Other pain relievers are out
 23 there. You've also probably seen a store
 24 brand of ibuprofen.
 25 A. Yes.

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1 Q. Okay. I want you to imagine
 2 that they have similar coatings, okay? One
 3 doesn't have a gel cap and the other one
 4 doesn't have some kind of buffering. They're
 5 equivalent coatings, same dosage size,
 6 50 milligrams. Do you as a pharmacist view
 7 the generic and Motrin different --
 8 differently?
 9 A. As a pharmacist?
 10 Q. Yeah.
 11 A. It's a generic version of a
 12 brand.
 13 Q. Do you view them as different?
 14 Are they interchangeable?
 15 A. Yes.
 16 Q. You do?
 17 A. As a pharmacist I do.
 18 Q. Okay. Why?
 19 A. Because they're AB-rated to one
 20 another. They're substitutable for one
 21 another by law, Motrin to ibuprofen.
 22 Q. Okay.
 23 MR. ECKLUND: Okay. Let's take
 24 a break.
 25 THE VIDEOGRAPHER: We are going

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1 off the record at 2:32 p.m.
 2 (Recess taken, 2:32 p.m. to
 3 2:47 p.m.)
 4 THE VIDEOGRAPHER: We are back
 5 on the record at 2:47 p.m.
 6 MR. ECKLUND: Welcome back,
 7 Ms. Coleman.
 8 [REDACTED]
 9 [REDACTED]
 10 [REDACTED]
 11 [REDACTED]
 12 [REDACTED]
 13 [REDACTED]
 14 [REDACTED]
 15 [REDACTED]
 16 [REDACTED]
 17 [REDACTED]
 18 [REDACTED]
 19 [REDACTED]
 20 [REDACTED]
 21 [REDACTED]
 22 [REDACTED]
 23 [REDACTED]
 24 [REDACTED]
 25 [REDACTED]

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Page 313

Page 314

[REDACTED]

Page 316

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Page 315

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Page 317

[REDACTED]

Page 318

[REDACTED]

Page 320

[REDACTED]

Page 319

[REDACTED]

Page 321

[REDACTED]

Page 322

[REDACTED]

Page 324

[REDACTED]

21 MR. CARTER: Hold on one
22 second.

23 Folks that are on the phone,
24 and not on hold for us, we're going to
25 hang up and just redial back in. So

Page 323

[REDACTED]

Page 325

1 if you guys can -- if you guys can do
2 the same thing, then we'll get rid of
3 this hold music.

4 THE VIDEOGRAPHER: Going off
5 the record at 3:02 p.m.

6 (Recess taken, 3:02 p.m. to
7 3:04 p.m.)

8 THE VIDEOGRAPHER: We are back
9 on the record at 3:04 p.m.

10 MR. ECKLUND: So, Ms. Coleman,
11 we went off the record briefly to
12 address some hold music.

13 We'll probably hear another
14 "beep beep" as that person rejoins us
15 when they realize they got hung up on.

[REDACTED]

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[REDACTED]

Page 328

[REDACTED]

Page 327

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Page 329

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Page 330

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Page 332

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Page 331

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Page 333

[REDACTED]

Page 334

Page 336

Page 335

Page 337

Page 338

[REDACTED]

Page 340

[REDACTED]

Page 339

[REDACTED]

Page 341

[REDACTED]

4 Q. (BY MR. ECKLUND) Do you see at
5 the bottom of the page, "How should providers
6 use the total daily opioid dose in clinical
7 practice? Use caution when prescribing
8 opioids of any dosage and prescribe the
9 lowest effective dose. Use extra precautions
10 when increasing to greater than or equal to
11 50 morphine milligram equivalents per day."
12 And then asterisk. "These
13 dosage thresholds are based on overdose risk
14 when opioids are prescribed for pain and
15 should not be guide dosing of
16 medication-assisted treatment for opioid use
17 disorders."
18 "Three factors: Monitor and
19 assess pain function more frequently.
20 Discuss reducing dose or tapering and
21 discontinuing opioids if benefits do not
22 outweigh harms. Consider offering naloxone.
23 Avoid or carefully justify increasing dosage
24 to" less than or greater -- sorry, "greater
25 than or" less -- greater than or "equal to

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1 90 milligrams equivalent a day."
2 I apologize. I have text
3 messages coming across from my wife hounding
4 me to catch my flight.
5 Do you see that?
6 A. I see that.
7 Q. Okay. Good.

[REDACTED]

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[REDACTED]

Page 343

[REDACTED]

Page 345

[REDACTED]

[illegible]

Page 349

1 [REDACTED]
2 [REDACTED]
3 [REDACTED]
4 [REDACTED]

5 Q. I've put up on the screen
6 "Press Release. McKesson and Walmart
7 announce sourcing agreement for generic
8 pharmaceuticals."
9 Issued May 16, 2016.
10 Are you familiar with this
11 agreement?
12 A. I'm not.
13 Q. Okay.
14 I should clarify this. This
15 isn't a document. It's a website.
16 Were you aware that the FDA
17 requested removal of Opana Extended Release
18 for risks related to abuse in June of 2017?
19 A. I am not.
20 Q. Okay.
21 MR. WATTS: Object to the form.
22 MR. ECKLUND: Let's go off the
23 record.
24 THE VIDEOGRAPHER: We are going
25 off the record at 3:31 p.m.)

Response	Percentage
U.S. should take action	10%
U.S. should take action	20%
U.S. should take action	30%
U.S. should take action	40%
U.S. should take action	50%
U.S. should take action	60%
U.S. should take action	70%
U.S. should take action	80%
U.S. should take action	90%
U.S. should not take action	10%
U.S. should not take action	20%
U.S. should not take action	30%
U.S. should not take action	40%
U.S. should not take action	50%
U.S. should not take action	60%
U.S. should not take action	70%
U.S. should not take action	80%
U.S. should not take action	90%

A horizontal bar chart titled "U.S. should take action to address climate change." The y-axis lists age groups: 18-29, 30-49, 50-69, 70+, and "All adults." The x-axis represents the percentage of respondents, ranging from 0 to 100 in increments of 10. For each age group, there are two bars: a blue bar for "Men" and an orange bar for "Women." The data shows that across all age groups, a majority of respondents believe the U.S. should take action to address climate change. The percentage is generally higher for younger age groups and for women compared to men.

Age Group	Men (%)	Women (%)
18-29	88	92
30-49	85	88
50-69	82	85
70+	78	82
All adults	80	83

[illegible]

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Q. So I've put up on the screen -- it's an article that I found online. topbusiness.net, and it describes the "drug crisis," using your word, within Arkansas. The title of the article is "Arkansas Prescription Drug Crisis Worsens. President Trump addresses national opioid epidemic." It's dated August 8, 2017.

I just want to ask you a couple of questions.

Were you aware at the time that this article was published there was a study that showed that Arkansas prescription drug problem was so serious that there were enough pills in the street for each of Arkansas' almost 3 million citizens to have a full bottle?

A. I was not aware.

Q. Were you aware that the CDC had released a report that shows all but nine of Arkansas' 75 counties have had overall opioid prescribing rates higher than the national average?

A. I was not aware of that either.

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Q. Were you aware that as a state, Arkansas has an opioid prescription rate of 114.6 per 100, which is second only to Alabama? In 2016?

A. I'm not aware of that either.

Q. Are you familiar with Greene County?

A. I am not.

Q. Okay. Do you know where Greene County is located in Arkansas?

A. I do not.

Q. Are you familiar with Garland and Sebastian Counties in Arkansas?

A. I am not.

Q. Howard County?

A. No.

Q. Jackson County?

A. I'm not from Arkansas. I just live here. I don't know the specific counties, no, I don't.

Q. Okay. All right.

The article talks about a number of counties within the state of Arkansas which have per capita orders far in excess of the national averages. 177.8 pills

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dispensed per capita, 176, 169, 150, and then some with far, far lower.

For example, Newton and Cleveland Counties have rates of opioid prescriptions with an average of 0.8 and 1.1 dispensed for every 100 citizens.

We talked earlier about how the data you looked at was national data. And we talked about how perhaps if you had looked at more localized data at a county level, at a state level, a city level, that there may have been opportunities to change the ways in which Walmart purchased pharmaceutical drugs, particularly prescription opioids.

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7 Q. (BY MR. ECKLUND) The article
8 follows, "Arkansas Legislative Focus." And
9 the author wrote, "Some of that sobering data
10 was brought to the attention of Arkansas
11 policymakers nearly a month ago when Arkansas
12 health department director Nate Smith gave a
13 presentation to the Joint Interim Committee
14 on Public Health at the state capitol."
15 "According to Smith's report,
16 'Large amounts of opioids are being sold in
17 Arkansas, enough for every man, woman, and
18 child to take 80 pills each over the course
19 of a year. All together, 235.9 million pills
20 were sold across Arkansas in 2016,' Smith
21 said, citing the most up-to-date data from
22 the CDC."

■ [REDACTED]
 ■ [REDACTED]
 ■ [REDACTED]

Label	Value (approximate)
1	0.8
2	0.9
3	0.7
4	0.8
5	0.9
6	0.7
7	0.8
8	0.9
9	0.7
10	0.9
11	0.7
12	0.8
13	0.9
14	0.7
15	0.8
16	0.9
17	0.7
18	0.8
19	0.6
20	0.9

4 Q. (BY MR. ECKLUND) In the
5 article it talks about quarterly data. It
6 says, "New quarterly data released Tuesday by
7 the CDC's National Center For Health
8 Statistics shows that drug overdose deaths
9 reached an all-time high in the first three
10 quarters of 2016 of 57,900."

11 And we talked about those
12 numbers earlier. I think I remember I talked
13 about 1999, the quadrupling, and I talked
14 about these numbers this morning.

15 If you'd look at those numbers,
16 it also talks about the rise.

17 "Earlier this year, the CDC
18 reported that more than 52,000 people died
19 from a drug overdose in 2015."

20 So you can see, between 2015,
21 you have 52,000, 2016, there's 57,900 being
22 associated with drug overdoses, or --

23 Do you see that? The two
24 numbers, Ms. Coleman?

25 A. Yes.

1 Q. And it continues, "Of those,
2 33,091 involved a prescription or illicit
3 opioid. 63.1 percent. And since 2000, more
4 than 300,000 Americans have lost their lives
5 to an opioid overdose."

[illegible]

24 Q. The article continues, "In
25 Arkansas 1,067 people died from a drug

overdose between 2013 to 2015, putting
Arkansas in the top 20 percent of states that
prescribed the most painkillers per capita.
"By definition, legal
prescriptions for opioid painkillers can be
written by doctors to treat moderate to
severe pain but can also have serious risks
and side effects. Common types are oxycodone
or Oxycontin, hydrocodone, Vicodin, morphine
and methadone."

A horizontal bar chart titled 'U.S. should take action to address climate change'. The y-axis lists age groups: 18-29, 30-49, 50-69, 70+, and 'All adults'. The x-axis shows percentages from 0 to 100. For each age group, there are two bars: a blue bar for 'Men' and an orange bar for 'Women'. The data is as follows:

Age Group	Men (%)	Women (%)
18-29	85	85
30-49	80	80
50-69	75	75
70+	65	65
All adults	75	75

[illegible]

12 Q. Okay. Do you agree that
13 prescription opioids have serious risks and
14 side effects?

15 MR. WATTS: Object to the form.

16 THE WITNESS: To some patients,
17 they can.

18 Q. (BY MR. ECKLUND) There is the
19 difference between a risk and a manifestation
20 of a problem. Right?

21 I mean, cigarettes carry a risk
22 of lung cancer. Doesn't necessarily mean
23 that every person who smokes a cigarette will
24 develop lung cancer. Right?

25 I mean, drunk driving is risky

1 behavior. Drunk driving is dangerous. You
2 shouldn't drive drunk. Not every person that
3 drives drunk gets injured. Not every person
4 that drives drunk hurts somebody else. Not
5 everyone that drives drunk gets pulled over.
6 Right? It's risky behavior, but it's not
7 always dangerous.

8 Can we agree that opioid
9 painkillers, opioid painkillers have serious
10 risks?

11 MR. WATTS: Object to the form.

THE WITNESS: They're
FDA-approved products. And as a
pharmacist, I would use professional
judgment, follow the law, determine if
it's appropriate therapy. That's how
I can answer that.

18 Q. (BY MR. ECKLUND) Well, an
19 FDA-approved drug can have risks and
20 benefits, though; correct?

21 A. Whether it's an opioid or not,
22 there are risks to medications.

23 Q. Okay. So can we agree that
24 prescription opioids, while FDA-approved,
25 could also have serious risks?

1 MR. WATTS: Objection to form.

2 THE WITNESS: They could.

3 MR. ECKLUND: Okay.

4 Q. (BY MR. ECKLUND) Do you recall
5 when you attended pharmacy school learning
6 about morphine as a drug?

7 A. I'm sure I did. I don't
8 remember the specifics.

9 Q. Do you recall studying or
10 learning about heroin?

11 A. I recall studying and learning
12 about all drugs.

13 Q. Okay. So you recall studying
14 all drugs, and that would include morphine,
15 heroin, cold medications, the whole panoply
16 of drugs that are available?

17 A. In general, yes.

18 Q. Okay. Do you recall learning
19 about prior opioid crises in U.S. history?

20 A. I don't recall.

21 Q. Those in the early 1900s, those
22 in the 1960s, those that predated the
23 implementation and development of the
24 Controlled Substances Act in the 1970s?

25 A. I really don't recall

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1 specifics.

2 MR. ECKLUND: I have no
3 additional questions for you today. I
4 really do appreciate you taking the
5 time, and I hope you get home safe.

6 THE WITNESS: Thank you.

7 MR. CARTER: I just have a few
8 quick questions. We can keep our
9 seats and I won't make anyone miss a
10 flight.

11 CROSS EXAMINATION

12 BY MR. CARTER:

13 Q. So we'll start with where we
14 just left off. You were asked some questions
15 about an Arkansas online news article.

16 Do you recall that?

17 A. No.

18 Do I recall seeing it? Yes.

19 Q. Okay. And, yes, had you ever
20 seen that article when it actually came up?

21 A. I did not.

[REDACTED]

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[REDACTED]

Page 368

[REDACTED]

Page 369

[REDACTED]

Page 370

[REDACTED]

Page 371

[REDACTED]

23 MR. CARTER: I have no further

24 questions. Thank you.

25 * * *

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1 REDIRECT EXAMINATION

2 BY MR. ECKLUND:

3 Q. Just a few to clean up.

4 The morphine milligram

5 equivalent calculation, whether on the CDC

6 charts or found anywhere else, that's a

7 conversion based upon chemistry; correct?

8 A. Correct.

9 Q. And that conversion has not

10 changed based upon publication or the

11 issuance of the CDC's guidance or any other

12 publication. It's something that has been

13 and will remain for all days the same.

14 Hydrocodone relative to oxymorphone is so

15 strong. Oxymorphone is so strong relative to

16 morphine. These are conversions. It's based

17 on mathematics. Is that fair?

18 A. That's correct.

19 Q. So there's nothing about that

20 CDC chart that you couldn't have incorporated

21 in an arithmetic row and column on an Excel

22 chart?

[REDACTED]

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[REDACTED]

18 Q. The article that I showed you

19 from the internet from Arkansas, I didn't

20 represent on the record that you had read it.

21 But I did want to show you numbers specific

22 to Arkansas.

23 Do you have any reason to

24 believe that any of the numbers found in that

25 article are inaccurate and incorrect?

10 A. I don't really understand what
11 you're asking.

12 MR. WATTS: Object to the form.

13 Q. (BY MR. ECKLUND) When the
14 document referenced this many people losing
15 their lives in 2016, or that many number in
16 2015, or this many per capita prescribed
17 pills for a county within a given year, are
18 you in any -- for any reason at all concerned
19 about the numbers as reflected in that
20 article being inaccurate? Do you need some
21 assurance that they're accurate?

22 A. There were references, I
23 believe, on where that information came from.

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17 MR. ECKLUND: Thank you. No
18 further questions.
19 MR. CARTER: We'll read and
20 sign.
21 THE VIDEOGRAPHER: We are going
22 off the record at 4:11 p.m.
23 (Proceedings recessed at 4:11
24 p.m.)
25 --o0o--

Debra A. Dibble; RDR, CRR, CRC

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Page 378	Page 380
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<div style="text-align: right; padding-right: 20px;">Page 379</div> <div style="text-align: center; margin-top: 10px;">ACKNOWLEDGMENT OF DEPONENT</div> <div style="margin-top: 20px;"> <p>I, JOLYNN COLEMAN, do hereby certify that I have read the foregoing pages and that the same is a correct transcription of the answers given by me to the questions therein propounded, except for the corrections or changes in form or substance, if any, noted in the attached Errata Sheet.</p> </div> <div style="border-bottom: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> JOLYNN COLEMAN DATE </div> <div style="margin-top: 20px;"> <p>Subscribed and sworn to before me this _____ day of _____, 20 ____.</p> <p>My commission expires: _____</p> </div> <div style="border-bottom: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> Notary Public </div>	